

MAINE DEPARTMENT OF CORRECTIONS

NOTIFICATION OF PRISONER TRANSFER TO SUPERVISED COMMUNITY CONFINEMENT

To: _____

Local District Attorney's Office: _____

Prosecuting Attorney's Office: _____

Sheriff's Department: _____

Police Department: _____

Department of Public Safety: _____

FROM:

Chief Administrative Officer

Facility

Address

Telephone Number

The below-named prisoner is being transferred to the Department of Corrections Supervised Community Confinement Program.

Prisoner's Name

MDOC Number

Address

Telephone Number

DOB: _____ Height: _____ Weight: _____ lbs Hair: _____ Eyes: _____ Sex: ___ Race: _____

Identifying Marks: _____

Employer/School: _____

Employer/School Address: _____

Work or School Days and Hours: _____

Travel Route: _____

Date of Transfer to Supervised Community Confinement Program: _____

Projected Date of Termination from Program: _____

Special Conditions: _____

Supervising Probation Officer

Telephone Number